

*This portion MUST be returned with your payment to ensure proper credit. THANK YOU*

ACCOUNT BILLED
CROWN ASPHALT RIDGE LLC

PROJECT NAME
AROC #1/ASPHALT RIDGE TAR SAND

PROJECT ID
M470032

DUE DATE	ANNUAL FEE	AMOUNT DUE
07/30/2004	\$ 500	\$ 500

TAX ID OR SOCIAL SECURITY #

<input type="checkbox"/> FEE NOT ENCLOSED
Permittee requests an inspection to close out this permit.

DIVISION OF OIL GAS AND MINING  
1594 WEST NORTH TEMPLE SUITE 1210  
PO BOX 145801  
SALT LAKE CITY UT 84114-5801

<i>Change of Address</i>	
Contact	_____
Address	_____
<b>RECEIVED</b>	
<b>AUG 02 2004</b>	
E-Mail Address	_____
State	_____
Zip	_____
Phone	_____

*Please make check payable to:*  
**Division of Oil, Gas and Mining**